

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		2					53				
4		3					54				
5		4					55				
6		5					56				
7		6					57				
8		7					58				
9		8					59				
10		9					60				
11		10					61				
12		11					62				
13		12					63				
14		13					64				
15		14					65				
16		15					66				
17		16					67				
18		17					68				
19		18					69				
20		19					70				
21		20					71				
22		21					72				
23		22					73				
24		23					74				
25		24					75				
26		25					76				
27		26					77				
28		27					78				
29		28					79				
30		29					80				
31		30					81				
32		31					82				
33		32					83				
34		33					84				
35		34					85				
36		35					86				
37		36					87				
38		37					88				
39		38					89				
40		39					90				
41		40					91				
42		41					92				
43		42					93				
44		43					94				
45		44					95				
46		45					96				
47		46					97				
48		47					98				
49		48					99				
50		49					100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	71						TOTAL DEP.				
TOTAL CLAIMS	75						TOTAL CLAIMS				